

FIG. 1

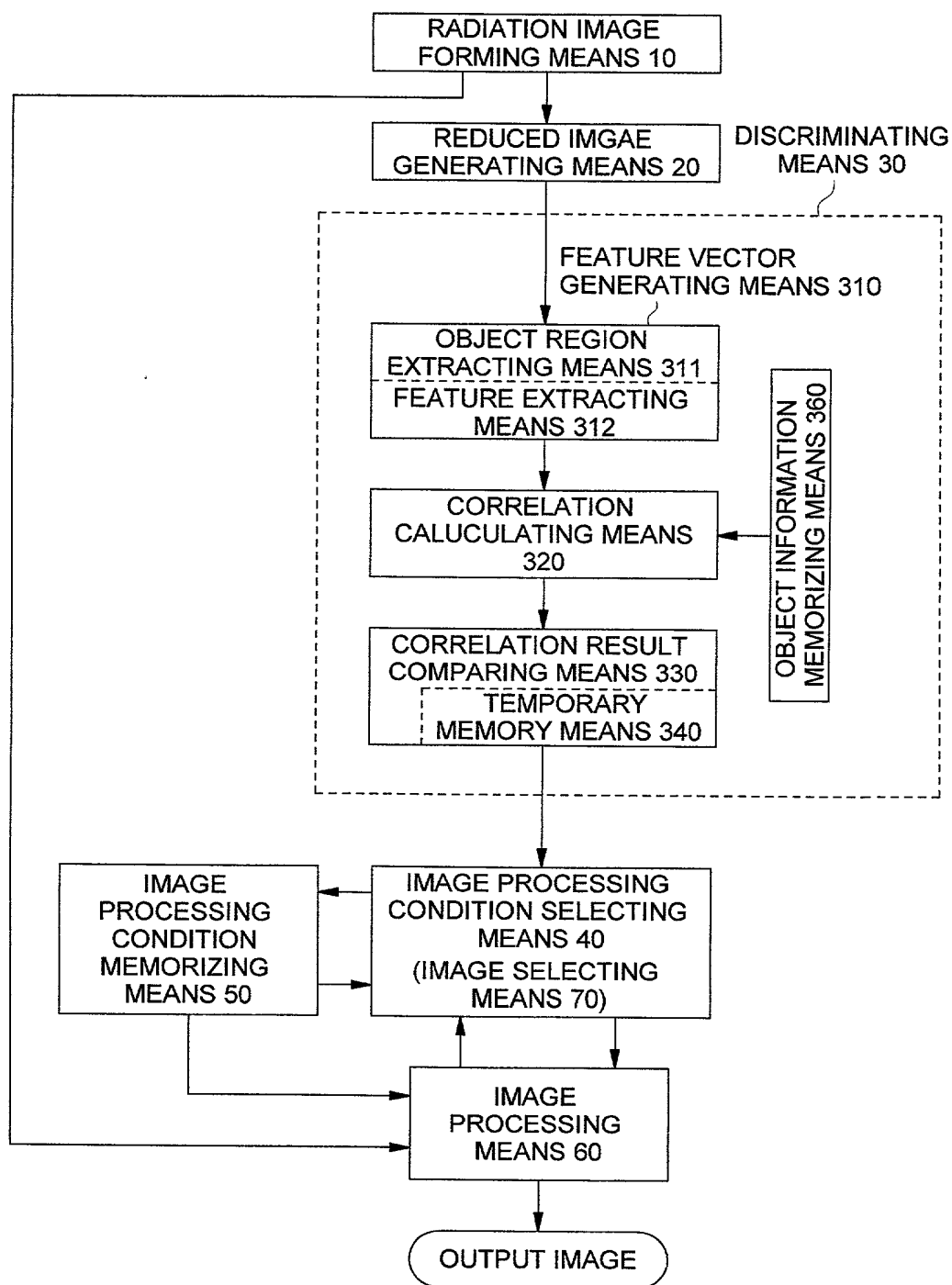


FIG. 2 (a)

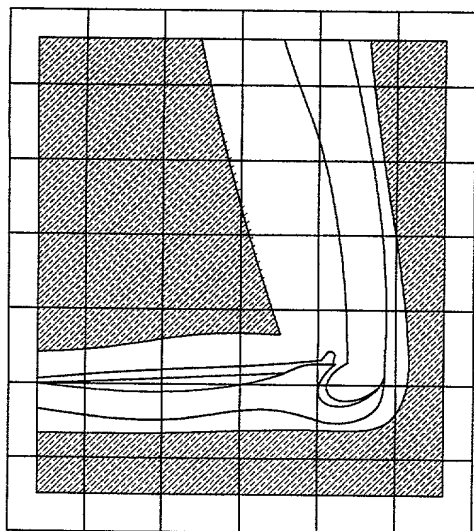


FIG. 2 (b)

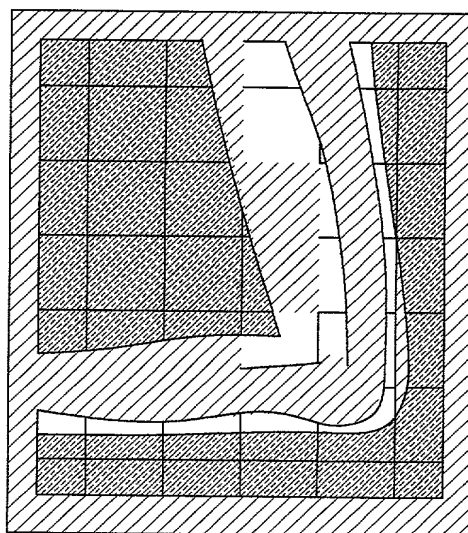


FIG. 2 (c)

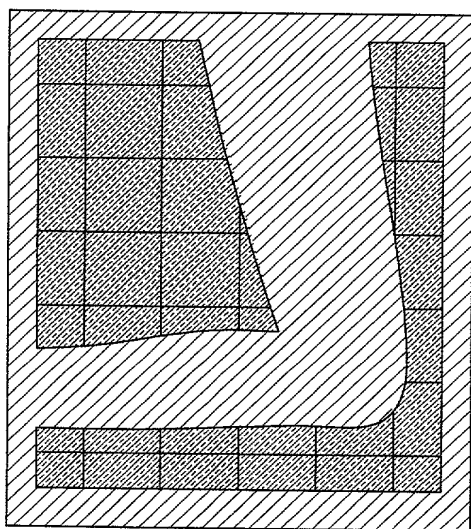


FIG. 2 (d)

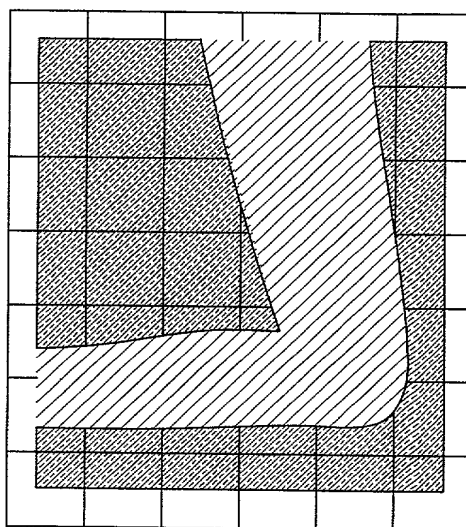


FIG. 3

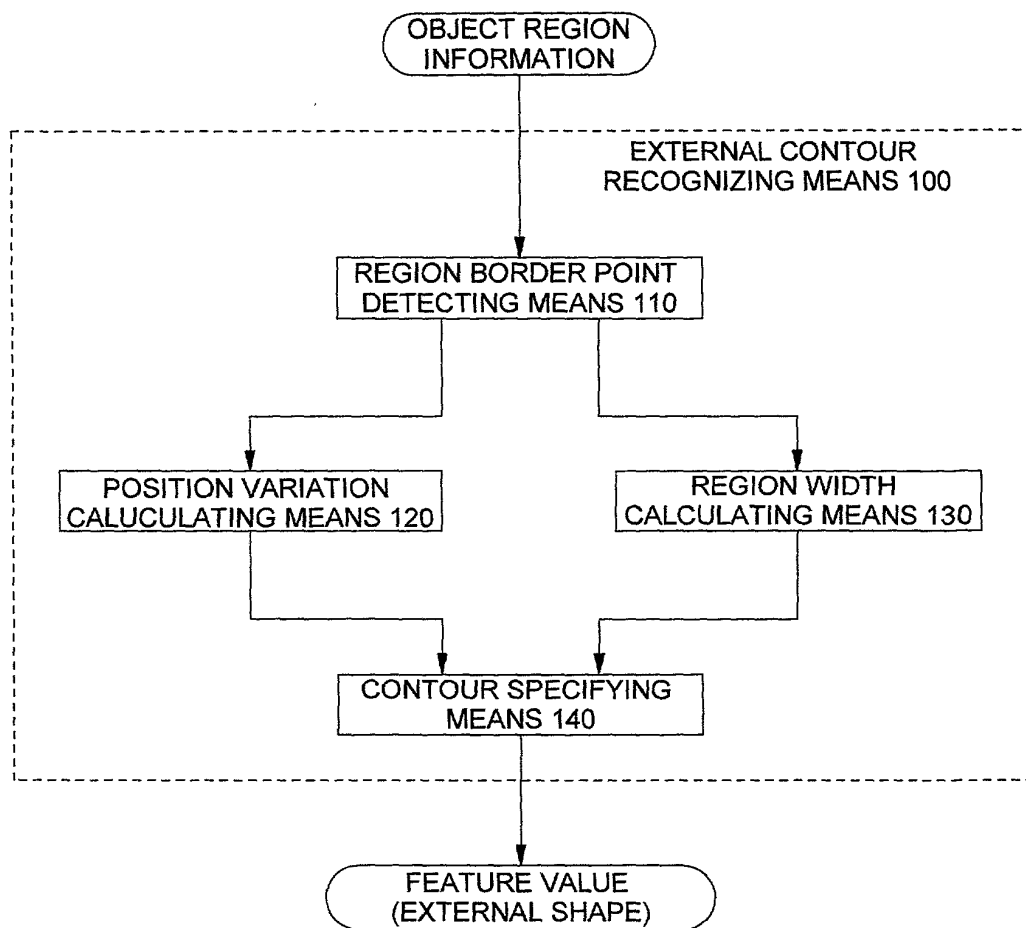


FIG. 4

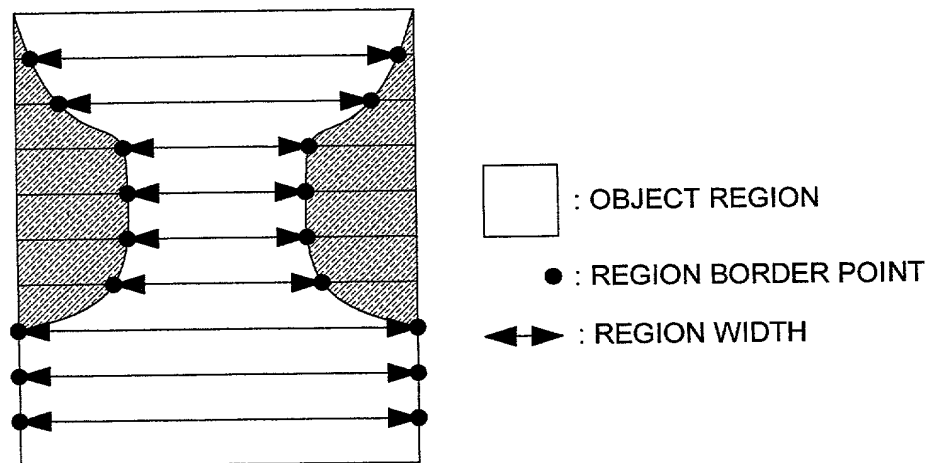


FIG. 5

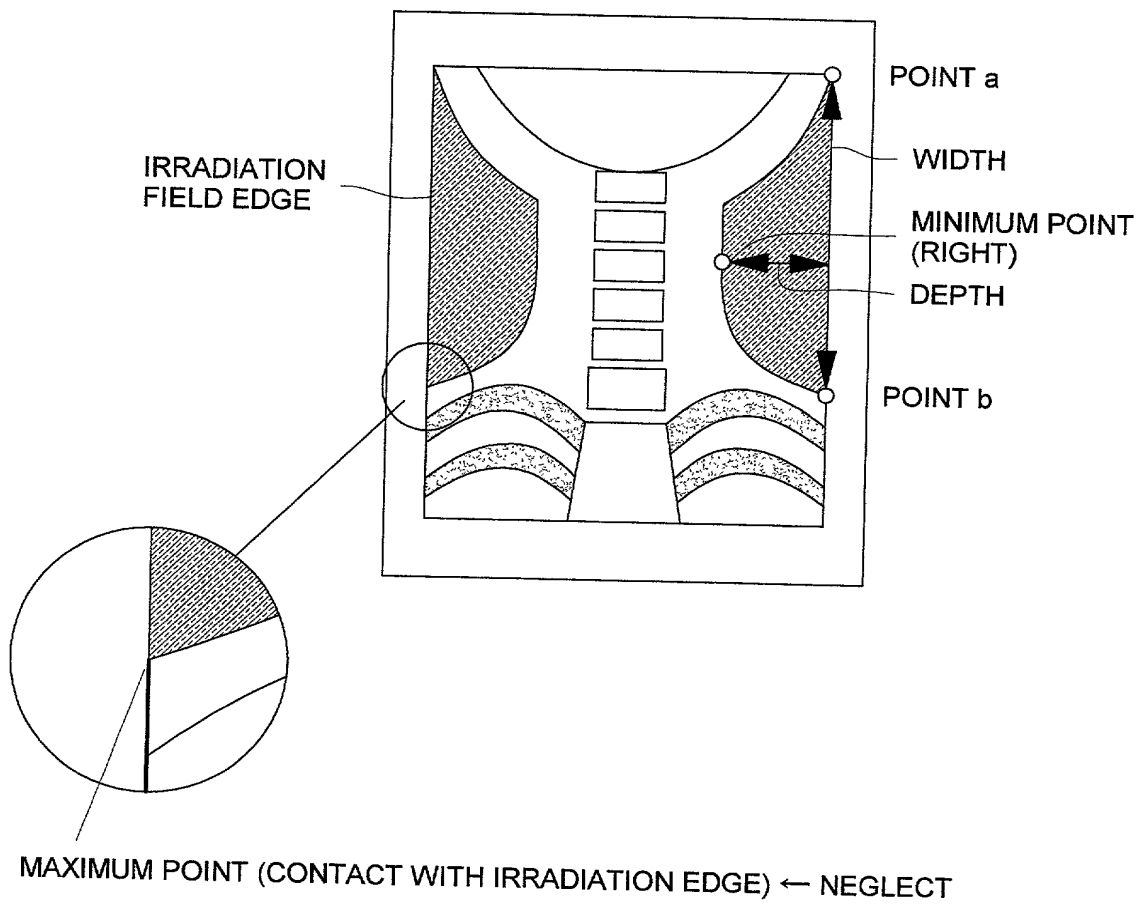


FIG. 6 (a)

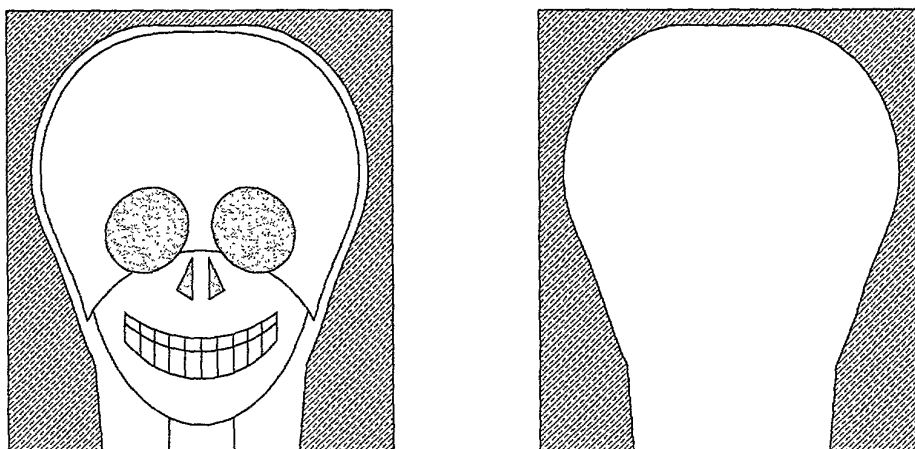


FIG. 6 (b)

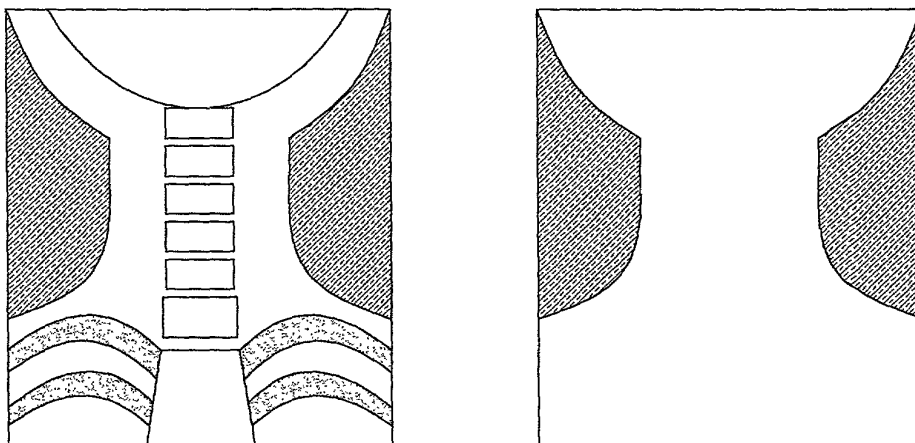


FIG. 7 (a)

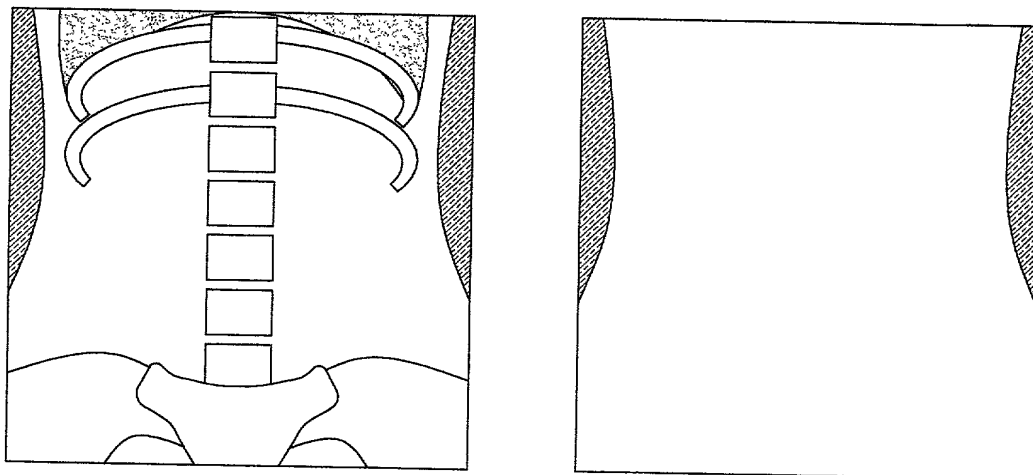


FIG. 7 (b)

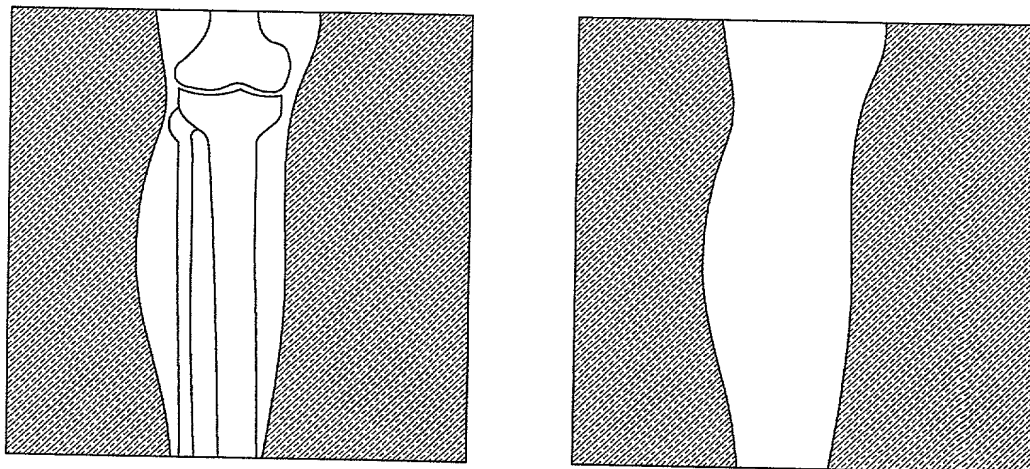


FIG. 8 (a)

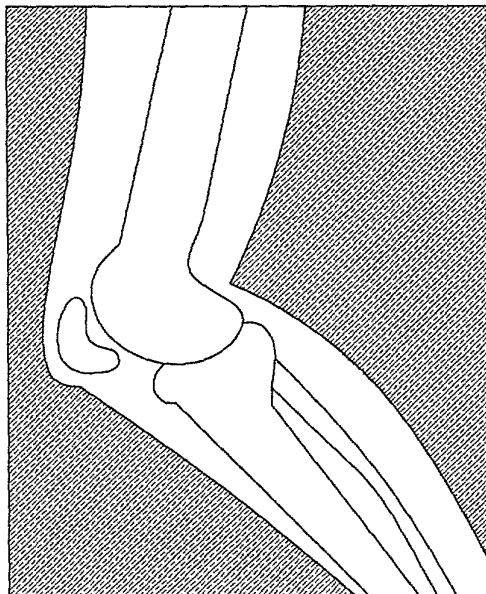


FIG. 8 (b)

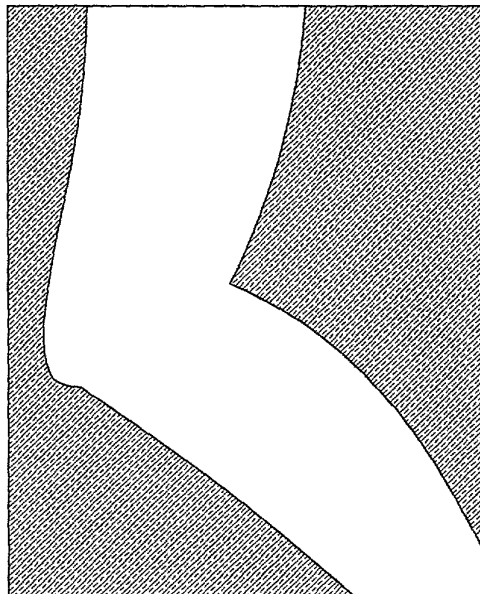


FIG. 8 (a)



FIG. 9

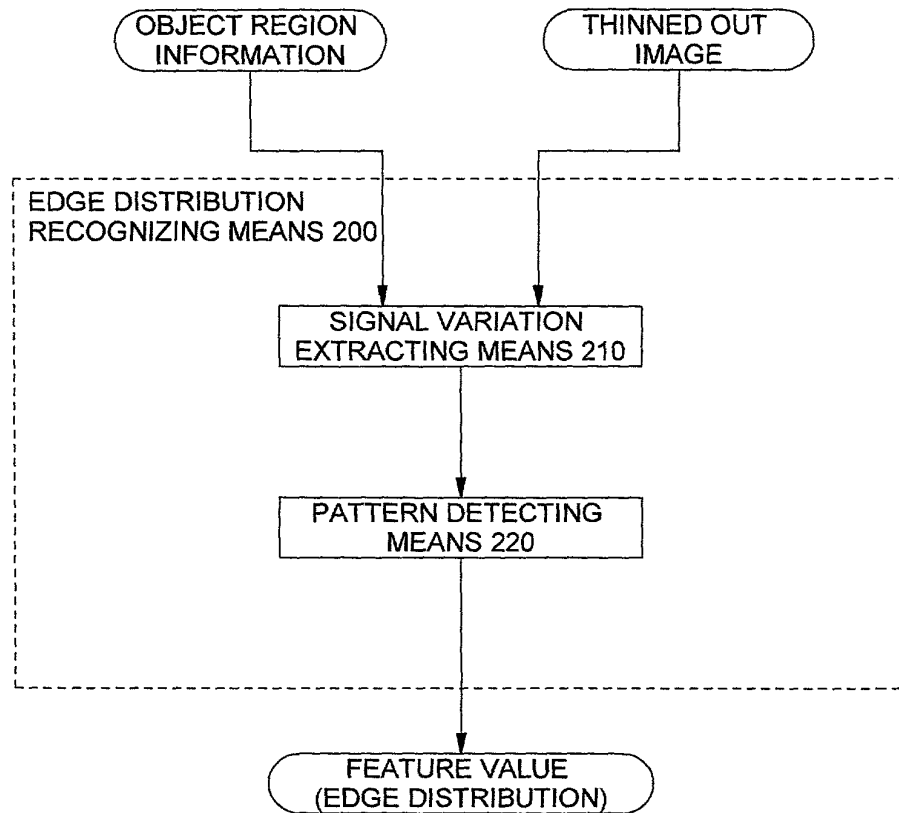
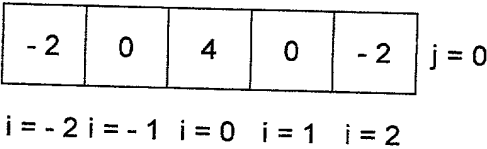
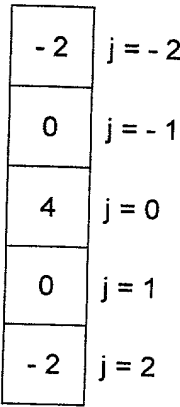


FIG. 10 (a)



$n = 1$

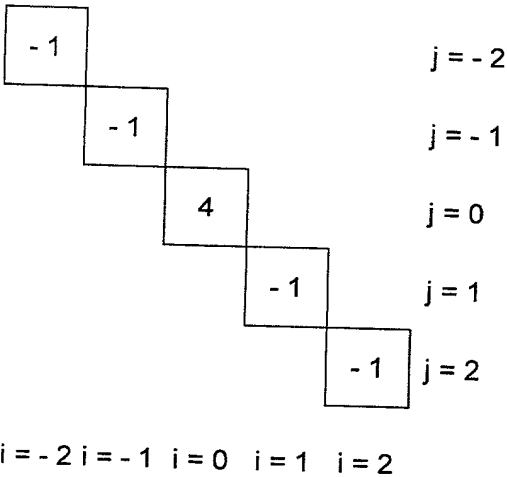
FIG. 10 (b)



$i = 0$

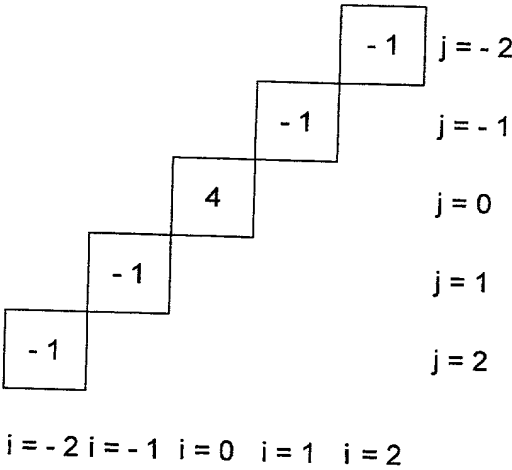
$n = 2$

FIG. 10 (c)



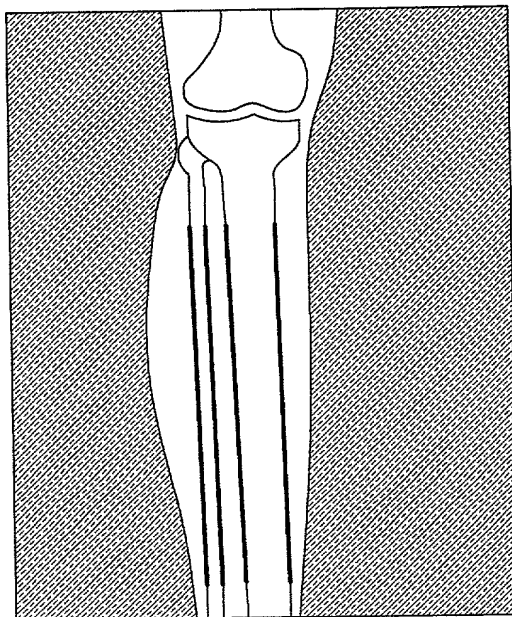
$n = 3$

FIG. 10 (d)



$n = 4$

FIG. 11 (a)



— : CONTINUOUS EDGE

FIG. 11 (b)

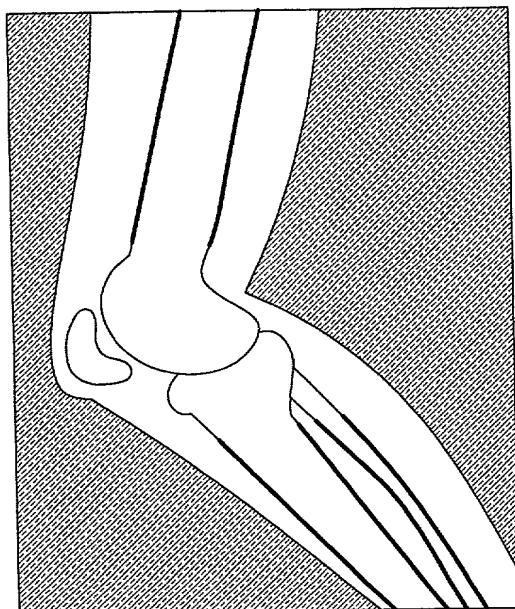


FIG. 12 (a)

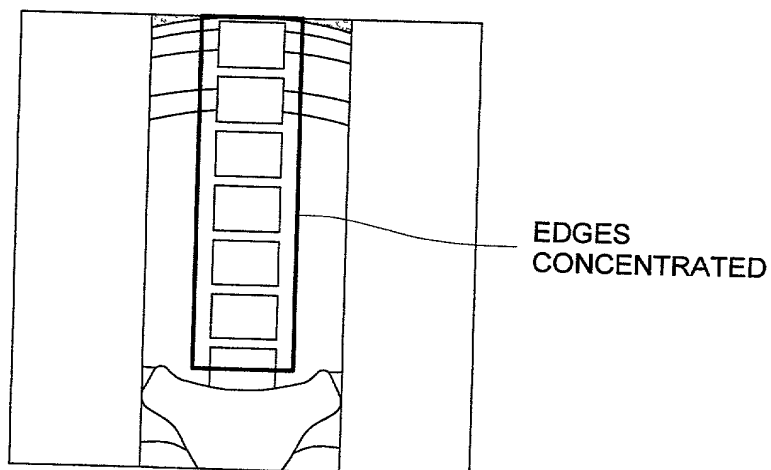


FIG. 12 (b)

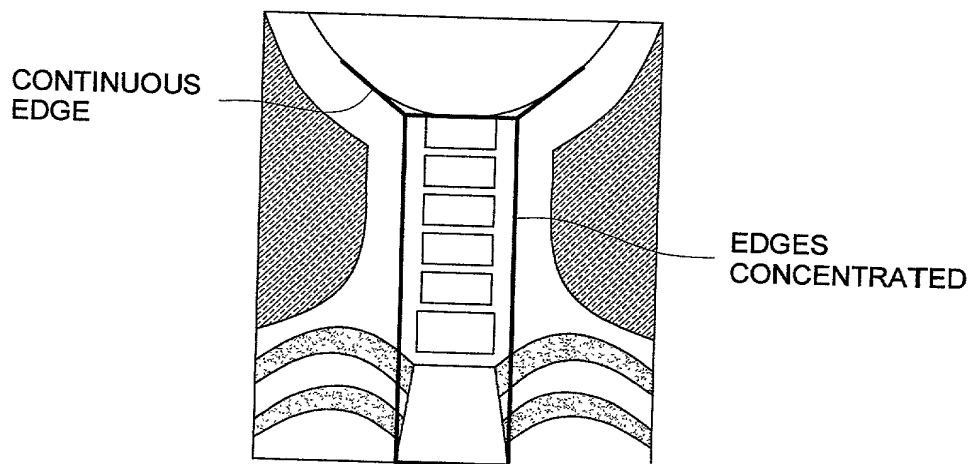
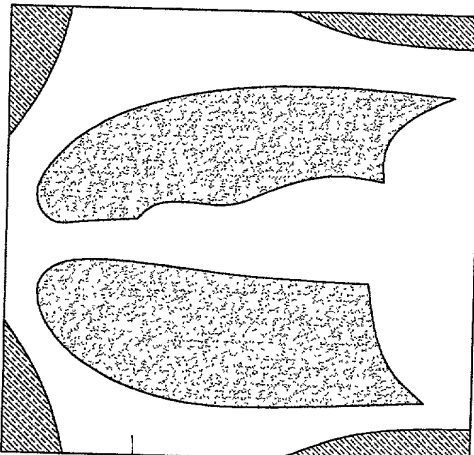


FIG. 13

ROUTINE
PROCESSED IMAGE



K001

THORAX PA

INVERSION INCLUDED

ROTATION 0°

ID K001

NAME

SEX

DATE OF BIRTH

COMMENT

TIME OF RADIOGRAPHING

PATIENT INFORMATION

CONDITION DESIGNATION


OK
RE. RADIOGRAPHING

THORACIC VERTEBRAE AP
RIBS

THORAX LAT

DETAIL

INPUT
OUTPUT

PROCESSING
ORDER

PREVIOUS PAGE
START READING

NEXT PAGE

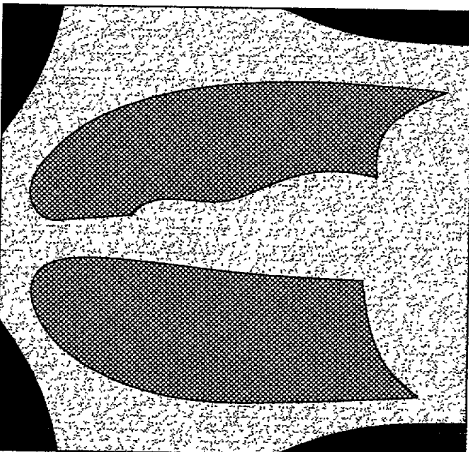
REGISTRATION LIST
INSPECTION FINISHED

"NEXT SUITABLE" BUTTON

"OK" BUTTON

PROCESSED IMAGE

<4659>  
P13/15

<div style="border: 1px solid black; padding: 2px; width: 100px; margin: 0 auto;">ROUTINE</div>		THORACIC NO ROTATION K001 VERTEBRAE INVERSION 0° AP		<div style="border: 1px solid black; padding: 2px; width: 100px; margin: 0 auto;">OK</div>	<div style="border: 1px solid black; padding: 2px; width: 100px; margin: 0 auto;">RE-RADIOGRAPHING</div>	<div style="border: 1px solid black; padding: 2px; width: 100px; margin: 0 auto;">DETAIL</div>
		NEXT SUITABLE :		<div style="border: 1px solid black; padding: 2px; width: 100px; margin: 0 auto;">RIBS</div>	<div style="border: 1px solid black; padding: 2px; width: 100px; margin: 0 auto;">THORAX LAT</div>	<div style="border: 1px solid black; padding: 2px; width: 100px; margin: 0 auto;">THORAX PA</div>

ID K001 NAME SEX DATE OF BIRTH COMMENT TIME OF RADIOGRAPHING	<div style="border: 1px solid black; padding: 2px; width: 100px; margin: 0 auto;">PATIENT INFORMATION</div>	<div style="border: 1px solid black; padding: 2px; width: 100px; margin: 0 auto;">CONDITION DESIGNATION</div>	<div style="border: 1px solid black; padding: 2px; width: 100px; margin: 0 auto;">REGISTRATION LIST</div>
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<div style="border: 1px solid black; padding: 2px; width: 100px; margin: 0 auto;">INPUT</div>	<div style="border: 1px solid black; padding: 2px; width: 100px; margin: 0 auto;">OUTPUT</div>	<div style="border: 1px solid black; padding: 2px; width: 100px; margin: 0 auto;">INSPECTION FINISHED</div>
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<div style="border: 1px solid black; padding: 2px; width: 100px; margin: 0 auto;">PREVIOUS PAGE</div>	<div style="border: 1px solid black; padding: 2px; width: 100px; margin: 0 auto;">NEXT PAGE</div>	<div style="border: 1px solid black; padding: 2px; width: 100px; margin: 0 auto;">START READING</div>	<div style="border: 1px solid black; padding: 2px; width: 100px; margin: 0 auto;">CLEAR</div>
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FIG. 15

ID K001 NAME SEX DATE OF BIRTH COMMENT TIME OF RADIOGRAPHING		PATIENT INFORMATION		INPUT	START READING
		CONDITION DESIGNATION	OUTPUT		
		OK	RE-RADIOGRAPHING		
		